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PHONE NO. : 8585192900



DECLARATION AND POWER OF ATTORNEY FOR PATENT APPLICATION

ATTORNEY DOCKET NO. P3718

nal, first and sole in les are listed below)	ventor (if only one r of the subject matte	and citizenship are as stated be name is listed below) or an which is claimed and for which Story-Line Changes by Mining
s filed on: l was amended on (If applicable) stood the contents of d to above. I acknow in accordance with nuation-in-part application. I hereby for patent or invento ventor's certificate h	I the above-identifice whedge the duty to a Title 37, Code of Focation. I further ack the available between claim foreign prior is certificate listed.	disclose information which is ederal Regulations, s 1.56 (a). In nowledge the duty to disclose the filing date of the prior ity benefits under Title 35, United below and have also identified
(Number)	(Country)	(Day/Month/Year Filed)
ited States Code, \$12 ne claims of this apposit paragraph of Title Title 37. Code of Fe	20 of any United Statication is not disclo 35, United States Coderal Regulations, s	ates application(s) listed below used in the prior United States ode, s112, I acknowledge the duty s156(a) which occurred between
ng Date): <u>07/15/1999</u> ate): (Status) ate): (Status)	:	
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ate): (Status) ate): (Status) ntor, I hereby appoir	: nt the following atto	rney(s) and/or agent(s) to e connected therewith.
	attached hereto. s filed on: plication Serial No. d was amended on (If applicable) stood the contents of ed to above. I ackno n in accordance with nuation-in-part appli 1.56(a) which became application. I hereby for patent or invento ventor's certificate h timed: (Number) (Number) ited States Code, \$12 ne claims of this applies to paragraph of Title Title 37. Code of Fe e national or PCT inte	attached hereto. s filed on: olication Serial No. d was amended on (If applicable) stood the contents of the above-identifie ed to above. I acknowledge the duty to a in accordance with Title 37, Code of Formation-in-part application. I further ack 1.56(a) which became available between application. I hereby claim foreign prior for patent or inventor's certificate listed eventor's certificate having a filing date between

SEND CORRESPONDENCE TO: Donald R. Boys P.O. Box 187 Aromas, CA 95004 DIRECT TELEPHONE CALLS TO: Donald R. Boys (831) 726-1457 or any patent issued thereon.

8th inventor's signature:

Post Office Address:

Residence: ____ Citizenship: ____

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Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application

Dated: ___

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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of

Full name of sole or first inventor: Vijnan Shastri ______Dated: 05/30/2000 1st inventor's signature: Residence: 450 Sylvia Street, Entinitas, CA 92024 Citizenship: Indian Post Office Address: Same Full name of 2nd joint inventor, if any: Indranil Chakraborty _____ Dated: 05/30/00 2nd inventor's signature: Residence: 12633 El Camino Real #3408, San Diego, CA 92130 Citizenship: Indian Post Office Address: Same Full name of 3rd joint inventor, if any: _____ Dated: ____ 3rd inventor's signature: Residence: Citizenship: ____ Post Office Address: Full name of 4th joint inventor, if any: ____ _____ Dated: _____ 4th inventor's signature:_ Residence: ____ Citizenship: ____ Post Office Address: ___ Full name of 5th joint inventor, if any: _____ _____ Dated: ____ 5th inventor's signature:_ Residence: ____ Citizenship: ____ Post Office Address: Full name of 6th joint inventor, if any: _____ _____ Dated: _____ 6th inventor's signature: Residence: Citizenship: Post Office Address: _____ Full name of 7th joint inventor, if any: Dated: ____ 7th inventor's signature: Residence: Citizenship: ____ Post Office Address: ____ Full name of 8th joint inventor, if any: _____

Declaration and Power of Attorney- Page 2